



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9486

SERIAL NUMBER 09/752,502	FILING DATE 12/28/2000 RULE	CLASS 436	GROUP ART UNIT 1743	ATTORNEY DOCKET NO.
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APPLICANTS

Lisa A. Tam, Lake Forest, CA;
James Huntington Dabney, Irvine, CA;
Michael H. Burnam, Celaba, CA;
Martin J. Patko, Anaheim Hills, CA;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/21/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	16	52	4
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Lisa Tam
26202 Vintage Woods Road
Lake Forest ,CA 92630

TITLE

Portable co-oximeter

FILING FEE RECEIVED 748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 9486

SERIAL NUMBER 09/752,502	FILING DATE 12/28/2000 RULE	CLASS 436	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. 13364
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APPLICANTS

Lisa A. Tam, Lake Forest, CA;
 James Huntington Dabney, Irvine, CA;
 Michael H. Burnam, Celaba, CA;
 Martin J. Patko, Anaheim Hills, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED ** 02/21/2001

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23676

TITLE

Portable co-oximeter

FILING FEE RECEIVED 748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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